STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AL0243	A. BUILDING: _____ B. WING _____	R 01/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART HOMES AT BAY RIDGE I	3023-A ARUNDEL ON THE BAY ROAD ANNAPOLIS, MD 21403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	Initial Comments The following deficiencies are the result of an unannounced monitoring survey conducted on 1/23/14 at Heart Homes at Bay Ridge I, for determining the facility ' s compliance with COMAR 10.17.14, Assisted Living Program Regulations. Survey activities included an environmental tour, interview with staff and residents and review of the facility ' s administrative records, six (6) resident records and five (5) staff records. The facility ' s census at the time of survey was fourteen (14) residents.	E 000		
E3380	.26 C3 .26 Service Plan (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes. This REQUIREMENT is not met as evidenced by: 10.07.14.26 C (3) Based on resident record review, the ALM or designee, failed to review and update service plans at least every 6 months, or sooner, if a resident ' s conditions or preferences significantly changes. Findings include: The service plan for Resident #1 was written on 10/15/13. Since that date, Resident #1 has been hospitalized twice, once for diabetic ketoacidosis (DKA) from 12/9/13-12/13/13 and again from 12/14/13-12/17/13 for an infection. Since Resident #1 ' s return to the assisted living facility, Resident #1 has had changes in her medical orders: her prn insulin orders changed from	E3380		

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E3380	Continued From page 1 Lantus to Humalog 100 u/ml- 5 units subcutaneously prn (as needed for) BS (blood glucose) > 400 and if Resident #1 " doesn ' t eat a meal, please supplement with Glucerna, Boost or Ensure " . These orders along with Resident #1 ' s potential for poor nutritional intake have not been addressed on Resident #1 ' s most current service plan.	E3380		
E3410	.27 C .27 Resident Record or Log C. The assisted living manager shall develop policies and procedures to ensure that all information relating to a resident's condition or preferences, including any significant change as defined in Regulation .02B of this chapter, is documented in the resident's record and communicated in a timely manner to: (1) The resident; (2) The resident's health care representative, if appropriate; and (3) All appropriate health care professionals and staff who are involved in the development and implementation of the resident's service plan. This REQUIREMENT is not met as evidenced by: 10.07.14.27.C Based on resident record review, the assisted living manager failed to ensure that all information relating to a resident ' s condition or preferences is documented in the resident ' s record and communicated in a timely manner to the resident, the resident ' s health care representative, if appropriate and all health care professionals and staff who are involved in the development and implementation of the resident ' s service plan. Findings include:	E3410		

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E3410	Continued From page 2 Resident #1 is an insulin-dependent diabetic with medical orders to check her blood glucose once daily. Review of the medication administration record (MAR) for Resident #1 documents that on 1/16/14 Resident #1 had a blood glucose (BG) reading of 55 (mgs/dl) and on 1/20/14 Resident #1 had a BG reading of 43. Documentation was unable to be found that staff communicated this information to a health care professional or entered it in the care notes and what procedure was followed to increase the BG level.	E3410		
E3680	.29 M .29 Medication Management and Administration M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice. This REQUIREMENT is not met as evidenced by: 10.07.14.29. M Based on resident record review, review of the medical orders, medication administration (MAR) and the contents of the medication cart, the staff failed to administer medications and treatments consistent with current signed medical orders and using professional standards of practice. Findings include: Resident #2 has medical orders dated 1/6/14 for Calcium 1200 mgs + vitamin D 2000 units- take 1 tablet by mouth daily and aspirin 81 mgs.- take 1 tablet by mouth once daily. Review of Resident #2 ' s January, 2014 MAR failed to reveal that these orders were written on the MAR and inspection of the medication care failed to contain	E3680		

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E3680	Continued From page 3 these medications. Interview with Staff person # 1 revealed that the medications were not present in the facility and had never been administered. Resident #2 was admitted to the facility on 1/2/14. On the Health Care Practitioner Physical Assessment (HCPPA) form, Resident #2 is noted to have her weight monitored daily, monitor fluid and food intake three times daily and Resident #2 is to be monitored at meals. Documentation was unable to be found for any of this monitoring. Interview with the ALM failed to produce further documentation. Resident #3 has a medical order for a FS (finger stick) q (every) am Monday, Wednesday and Friday for diabetes mellitus. Review of the MAR for January, 2014 failed to reveal an entry for 1/6/14 and 1/17/14. Interview with the ALM failed to produce further documentation.	E3680		
E4900	.46 E2 .46 Emergency Preparedness (2) Fire Drills. (a) The assisted living program shall conduct fire drills at least quarterly on all shifts. (b) Documentation. The assisted living program shall: (i) Document completion of each drill; (ii) Have all staff who participated in the drill sign the document; and (iii) Maintain the documentation on file for a minimum of 2 years. This REQUIREMENT is not met as evidenced by: 10.07.14.46.E (2) Based on administrative record review, the	E4900		

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E4900	Continued From page 4 assisted living program failed to conduct fire drills at least quarterly on all shifts. Findings include: Review of the administrative records revealed that the assisted living program failed to conduct fire drills for all shifts for the third quarter (July, August and September) of 2013.	E4900		
E4910	.46 E3 .46 Emergency Preparedness (3) Semiannual Disaster Drill. (a) The assisted living program shall conduct a semiannual emergency and disaster drill on all shifts during which it practices evacuating residents or sheltering in-place so that each is practiced at least one time a year. (b) The drills may be conducted via a table-top exercise if the program can demonstrate that moving residents will be harmful to the residents. (c) Documentation. The assisted living program shall: (i) Document completion of each disaster drill or training session; (ii) Have all staff who participated in the drill or training sign the document; (iii) Document any opportunities for improvement as identified as a result of the drill; and (iv) Keep the documentation on file for a minimum of 2 years. This REQUIREMENT is not met as evidenced by: 10.07.14.46.E.3 (a-c) Based on administrative record review, the assisted living program failed to conduct a semiannual emergency disaster drill on all shifts	E4910		

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E4910	Continued From page 5 during which it practices evacuating residents or sheltering-in-place so that each is practiced at least one time a year. Findings include: Review of the emergency disaster drills conducted by the assisted living program failed to provide documentation that a semiannual evacuation drill was conducted on all shifts in 2013 and that a shelter-in-place disaster drill was conducted on the 11 pm-7 am shift at least once a year during 2013.	E4910		